

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to
whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

☐ **Amendment** (Explain Below)

Report covers period

Date Stamp

from 01/01/2008

through 10/31/2008

Date of election if applicable
(Month, Day, Year)

11/04/2008

CALIFORNIA
FORM 465

Page 1 of 2

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
743393

COMMITTEE/FILER'S NAME

San Jose Firefighters Political Action Committee

STREET ADDRESS (NO P.O. BOX)

425 East Santa Clara Street, Suite 300

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Jose CA, 95113

408-286-8718

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Mr. Jose Guerrero

MAILING ADDRESS

425 East Santa Clara Street, Suite 300

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Jose CA, 95113

408-286-8718

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

Rose Herrera

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member City of San Jose #8

SUPPORT

OPPOSE

X

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/06/2008	Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento, CA 95833	Design, printing, data, mailing services and postage for mailer	6,771.19	6,771.19
10/06/2008	U.S. Postmaster 1750 Lundy Avenue San Jose, CA 95150	Postage for mailer to support Rose Herrera for San Jose City Council D8	2,990.00 MEMO Subpayment made through: Firefighters Print & Design	

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	01/01/2008	
through	10/18/2008	Page <u>2</u> of <u>2</u>
		I.D. NUMBER (If recipient com.) 743393

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Jose Firefighters Political Action Committee

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ 6,771.19
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ 0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$ 6,771.19

5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER

Secretary of State

ADDRESS (NO. AND STREET)
1500 11th Street, Room 495

CITY STATE ZIP CODE
Sacramento, CA 95814

2) NAME OF FILING OFFICER

Registrar Recorder of Los Angeles County

ADDRESS (NO. AND STREET)
12400 Imperial Highway

CITY STATE ZIP CODE
Norwalk, CA 90650

3) NAME OF FILING OFFICER

City and County of San Francisco

ADDRESS (NO. AND STREET)
One Dr. Carlton Goodlett Pl., Room 48

CITY STATE ZIP CODE
San Francisco, CA 94102

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-22-03
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT